

NHB/NMRTC Bremerton *Caduceus*

A Monthly Recap of info, insight & issues for January, 2022



COVID-19 Triage Testing surges at Naval Hospital Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- The New Year prompted new responsiveness needs with the on-going pandemic at Naval Hospital Bremerton (NHB) and other Puget Sound Military Health System military treatment facilities.

The Omicron variant of the highly-infectious COVID virus has brought a surge of patients requesting symptomatic COVID-19 testing at NHB, as well as Madigan Army Medical Center and Naval Health Clinic Oak Harbor.

Over 100 patients came through NHB's Urgent Care Clinic (UCC) COVID Triage in the first five hours to be tested, Jan. 3, 2022. The patient influx caused congested traffic, impeded parking for those with scheduled appointments and taxed a limited staff already stretched thin to provide timely support to those in need.

As a result, NHB's UCC is limiting testing services to active duty personnel assigned to units with no testing resources; beneficiaries over age 50; and those with symptoms severe enough to require medical evaluation and the need to be seen by a physician.

Lt. Cmdr. Mia Jin, NHB public health emergency officer (PHEO), attests that the caveat which all eligible beneficiaries need to consider if they need a COVID test is if they feel ill enough to visit their medical provider for the same request.

According to Centers for Disease Control and Prevention, those symptoms considered severe include shortness of breath, new onset of cough, acute loss of smell/taste, fever, chills, muscle aches, headaches, sore throat, and fatigue.

Asymptomatic testing support for those identified as a close contact or for official travel is still available on NHB's Third Floor of the Family Medicine wing when ordered in advance by a medical provider.

"At this time, we are not able to support testing for leisure/personal travel," said Jin.

"When patient's present to UCC we ask if they are wanting a provider evaluation or are they just presenting for a test and sick-in-quarters chit. We do refer to emergency departments if they are known positive COVID with worsening symptoms, having true dyspnea [difficult breathing] with shortness of breath, and any chest pain with other respiratory symptoms," added Lt. Cmdr. Paul Flood, UCC department head and staff family physician.

Dr. Dan Frederick, NHB population health officer and PHEO stressed that being administered a COVID-19 vaccine continues to be the best tool to protect against the disease.

"Getting vaccinated for COVID provides the best means to help stop the virus and its variants," Frederick said.

Fast forward to the latest update, Latest Update as of Jan. 26, 2022 - Naval Hospital Bremerton Urgent Care Clinic (UCC) continues to see an extraordinary volume increase due to the Omicron variant. In order to lessen wait times, preserve resources and avoid overwhelming our testing ability, please see our modified guidance below. Asymptomatic testing is being conducted at the Lab, located on second floor, Monday-Friday, from 9:30 a.m. to noon.

Symptomatic

Active Duty	Testing All active duty	Location: UCC Mon-Sun 9 a.m.-7 p.m.
Unvaccinated adults over 50, pregnant, and children under age 5	Added	UCC Mon-Sun 9- 7 pm
Vaccinated adults and children over age 5	No testing available at this time	

NHB can test symptomatic family member/retiree patient if ordered by primary care manager/UCC provider.

Asymptomatic (includes Active Duty and Beneficiaries)

Close Contact	Testing, Must be ordered by Primary Care Manager (PCM)	Location: as of Jan. 18, 2022 Lab, 2 nd Floor Mon-Fri 930 a.m.- noon.
Travel on Official Orders	Testing Must be coordinated by member's command POC	Location: as of Jan. 18, 2022 (see above) OR as arranged by member's command POC
Required Pre-Procedure	Testing Must be ordered by surgeon or PCM	Location: as of Jan. 18, 2022 (see above) OR in UCC if directed by surgeon or PCM

Guidelines are being reevaluated on a daily basis and provide updates to the Naval Base Kitsap community. There are other resources available in our surrounding community:

Kitsap Public Health District COVID-19 Updates/Resources

https://kitsappublichealth.org/communityHealth/Covid-19/CoronaVirus_Testing.php

Kitsap County COVID testing providers

<https://kitsappublichealth.org/CommunityHealth/files/COVID/COVID-TestingFacilities.pdf>

**Naval Hospital
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Capt. Patrick Fitzpatrick, NC, Commanding Officer
Capt. Jeffrey Feinberg, MC (FS), Executive Officer
CSSCS (SS) Kevin T. Flatley, Command Master Chief
(Acting)

Kitsap County COVID testing sites available
<https://www.kitsapgov.com/Pages/Kitsap-COVID-19-Test-Site.aspx>

CDC Viral Testing Tool(s)
<https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html>

Weathering COVID, Cold and Flu nothing to sneeze at

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – It's the viral "Triple Threat" of respiratory illnesses which public health experts grimly knew could happen.

The Omicron variant of the COVID-19 outbreak, along with the annual winter cold and influenza season(s) are making it difficult for a number of people to weather the winter.

Officials at Puget Sound Military Health System (MHS) commands such as Naval Hospital Bremerton (NHB), along with Madigan Army Medical Center and Naval Health Clinic Oak Harbor are helping to prevent the pandemic as well as protect patients from the common cold and flu.

NHB subject matter experts strongly advocate that everyone should continue to take practical preventive measure to ward off the three highly-infectious viruses.

"Since we began administering COVID-19 vaccines on Dec. 23, 2020, that is the best tool we all have to help protect us against COVID-19, slow the transmission of the virus and also reduce the possibility of new emergent variants," said Dr. Dan Frederick, NHB/NMRTC Bremerton population health officer and public health emergency officer.

Frederick also advocates for all those vaccinated to get a booster shot.

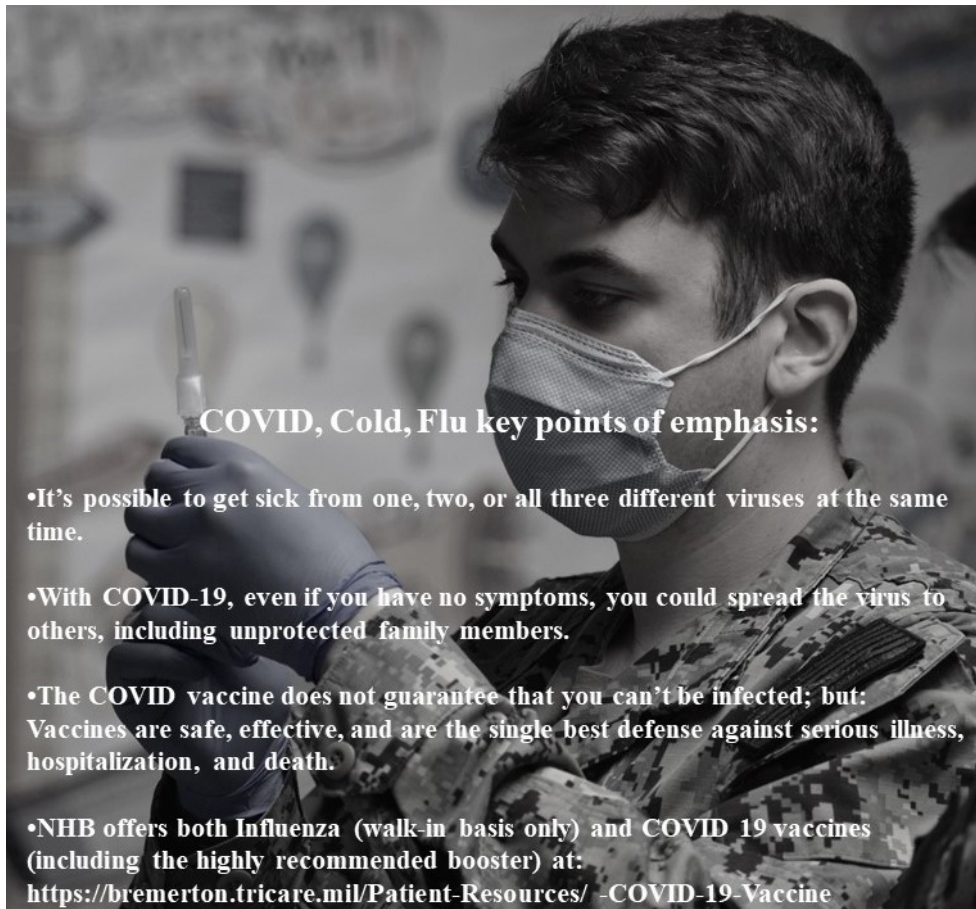
"Being vaccinated strengthens our immune system against the disease. If someone does get the highly-contagious COVID-19 virus or the flu, any symptoms will be less severe and not result on needing to be admitted for in-patient care," explained Frederick.

NHB/NMRTC Bremerton Webpage:
<https://bremerton.tricare.mil/>

NHB/NMRTC Bremerton Official Facebook site:
<https://www.facebook.com/navalhospitalbremerton>

NHB on Defense Video Info Distro Service:
<https://www.dvidshub.net/tags/news/nmrtc-bremerton>

NHB Command Ombudsman:
nhb.ombudsman@gmail.com



COVID, Cold, Flu key points of emphasis:

- It's possible to get sick from one, two, or all three different viruses at the same time.
- With COVID-19, even if you have no symptoms, you could spread the virus to others, including unprotected family members.
- The COVID vaccine does not guarantee that you can't be infected; but: Vaccines are safe, effective, and are the single best defense against serious illness, hospitalization, and death.
- NHB offers both Influenza (walk-in basis only) and COVID 19 vaccines (including the highly recommended booster) at:
<https://bremerton.tricare.mil/Patient-Resources/> -COVID-19 Vaccine

The viruses are spread from person to person, especially between those in close contact – six feet or less - with each other. All are shared by droplets that occur when someone with the illness coughs, sneezes, or talks. The droplets spray out and land on someone else and get inhaled into their lungs. A person can also get physically infected by shaking hands, touching a handrail or door knob that has the virus on it and then touching their own nose, eyes or mouth.

There are also multiple protective measures which everyone can apply daily to mitigate the potential spread of the

viruses, such as hand washing; avoid touching your eyes, nose and mouth with unwashed hands; avoid close contact with sick people and maintain social distancing of at least six feet; cover cough/sneezes and discard used tissues and wash hands immediately afterwards; clean/disinfect frequently touched surfaces at least daily and cover your nose and mouth with a face mask when around others.

Even for the common cold, of which there is no known cure, the CDC notes people can reduce the risk of getting a cold by hand washing often, for at least 20 seconds with soap and water and avoid touching your face with unwashed hands.

With the Omicron variant surging over the last several weeks, it is now the dominant strain of the pandemic in the U.S. It is also causing a rise in COVID cases throughout the Puget Sound MHS and surrounding communities. It's considered much more transmissible – up to two and three times more likely to spread - than previous variants.

In unvaccinated people the most common symptoms are fever, cough, chills and shortness of breath. Those vaccinated may experience milder symptoms such as congestion, runny nose, sore throat and fatigue. If all those symptoms sound like what someone can experience with getting the flu or common cold, they are.

Similar symptoms between the three include fever and/or chills, shortness of breath or difficult breathing, fatigue, sore throat, runny/stuffy nose, coughing/sneezing, muscle pain/body ache, headache, and even vomiting/diarrhea.

It can take at least one or more days after someone is infected by either virus to begin to experience any of the symptoms just mentioned.

Another similarity is all three viruses are hidden. They can be spread by someone not knowing they have either one, due to no symptoms apparent, or having mild symptoms, or even never developing symptoms.

Those who are at high risk - such as older adults, people with underlying medical conditions and those who are pregnant - can become severely sick by either and possibly deal with a host of complications such as pneumonia, respiratory failure, and the worsening of chronic medical conditions.

All DoD personnel are being encouraged to receive the booster dose for further protection of themselves as well as those around them. All those 18 and older who have already received the Moderna or Pfizer vaccine series six months previous and those who received their Johnson and Johnson dose at least two months ago are booster eligible.

NHB is also providing flu vaccinations to all eligible beneficiaries at the Immunization Clinic. During the seasonal influenza campaign shot exercise held Oct. 4-10, 2021, approximately 2,370 flu shots were administered.

“As we do every year, we strongly encourage everyone to get the flu vaccine. It's now more important than ever due to the ongoing pandemic,” said Frederick, echoing CDC concerns. “It is especially important for pregnant women and people with chronic diseases like asthma and diabetes, and those that have weakened immune systems.”

NHB adheres to CDC advice that everyone - even those as young as six months - should get the influenza vaccine each year.

Influenza viruses cause mild to severe illness, whereas COVID-19 has caused serious illness in many, resulting in over 832,000 deaths in the U.S. alone.

The CDC notes that most people get colds in the winter and recover in 7-10 days. However, people with weakened immune systems, asthma, or conditions that affect the lungs and breathing passages may develop serious illness, such as pneumonia. Common colds also continue to be a main reason for children to miss school and adults miss work.

Frederick, attests that immunization is the primary method of reducing seasonal influenza illness, along with helping to eliminate the pandemic.

“The COVID-19 vaccination and influenza vaccination not only helps protect vaccinated individuals, but also helps protect entire communities by preventing and reducing the spread of the disease,” added Frederick.

NMRTC Bremerton staff reflect on Operation Allies Welcome

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – Navy Medical Service Corps, Nurse Corps, and Hospital Corps personnel recently returned to Navy Medicine Readiness Training Command (NMRTC) Bremerton after helping to support those in need.

Hospital Corpsman 1st Class Ferrell Jenkins was deployed to Camp Atterbury, Indiana, to support Afghan evacuees. As he was briefing his survey findings to other technicians, a young Afghan toddler -- wearing an oversized shirt -- walked over and took his hand. Humming a melody, she then began twirling herself like a ballet dancer.

"She didn't speak English well. She just smiled as she went around and around like she was a ballerina from a music box. I joined in the game. She couldn't have been more than two or three. My son is two years old and does the same thing," said Jenkins.

That personable interaction proved memorable for Jenkins, a Jacksonville, Florida native, during his time spent at the camp.

Jenkins and other NMRTC Bremerton staff members were part of the approximately 420 Navy Medicine personnel who deployed in August in support of the Department of Homeland Security as part of Operation Allies Welcome.

This operation fulfills the nation's commitment to its Afghan allies by providing immediate support and safety in the United States to Afghans evacuated from Afghanistan.

Navy personnel worked alongside military members amongst all services, as well as interagency partners and non-governmental agencies, to provide transportation, temporary housing, medical screening, and general support for Afghan evacuees at four of eight DoD installations within the U.S. used as safe havens -- Camp Atterbury, Indiana; Joint Base McGuire-Dix-Lakehurst, New Jersey; Fort Pickett, Virginia; and Marine Corps Base Quantico, Virginia.

Operation Allies Welcome

DHS.gov/AlliesWelcome

Security

The U.S. government is working around the clock to conduct the security screening and vetting of vulnerable Afghans before they are permitted entry into the United States

Safety

The rigorous screening and vetting process that includes reviewing fingerprints, photos, and other biometric data for every single Afghan before they are cleared to travel to the United States.

Vetting Risks

As with any population entering the United States, DHS, in coordination with interagency vetting partners, takes multiple steps to ensure that those seeking entry do not pose a national security or public safety risk.

"Being there meant displaying the very core of our nation's responsibilities to those in need," Jenkins said. "This was why I joined in the first place. I felt proud to have demonstrated our commitment to our guests."

Compiled statistics show that the United States has evacuated more than 84,000 people to the U.S. from Afghanistan, of which more than 76,000 are Afghan nationals.

More than 6,500 Afghan nationals arrived at the camp in September, evacuated from their home, culture, and country almost half the world away.

Jenkins' forte in public health needs was essential as a preventive medicine expert. He ensured all medical care was accomplished in a clean living environment safe from infectious diseases such as hepatitis B, salmonella, and influenza, commonly spread by droplets, insect bites, and contaminated surfaces.

"Many of the guests were unable to bring necessities such as extra clothing and medicine with them," explained Jenkins. "Which left them vulnerable to climate and environmental stressors."

Jenkins worked in the joint service setting to help establish public health-driven quality assurance and address guest issues.

There was also the crucial public health responsibility to continue efforts to help stop the spread of COVID-19.

"Ongoing pandemic protocol didn't hinder our efforts or cause communication to be awkward among our guests," stated Jenkins. "Nevertheless, we explained that measures are required for everyone's safety."

A typical day for Jenkins involved health and wellness checks throughout the camp to prevent the spread of vector-borne diseases, food inspections, base sanitation control calculations, and reviews, as well as resiliency checks.

"We would have various joint meetings with the other government agencies to report all findings. We helped lead the application based on what our Navy surgeon general had prioritized. We contributed as a ready medical force. What helped ensure our success with the mission was how our federal, state, and military agencies willingly worked together for our guests. Each agency sent personnel who wanted to help make a difference, which made this mission the most rewarding I've ever experienced," stated Jenkins, with several deployments and an individual augmentee assignment to his credit.

For Navy Nurse Corps officer, Lt. j.g. Charles Rosenbusch, from Greenbrae, Calif., his deployment to Camp Atterbury provided validation for his career-defining decision to become a registered nurse (RN).

"This type of deployment was very rewarding and is part of the reason for being a Navy nurse, [having] the ability to help others in their time of need," said Rosenbusch, who began his military career enlisting in the Marine Corps in 2008.

"I deployed twice while in the Marine Corps, once to Afghanistan and one as part of a Marine Expeditionary Unit. This experience was very different," continued Rosenbusch. "In those [deployments], I had several months of notice and a defined timeline for returning home. With this deployment, I had limited notice and no defined timeline for return, which made the deployment more challenging."

Rosenbusch handled such nursing duties as setting up and managing clinic space, performing laboratory draws on those ages two and up, and helping with vaccinations, even to some as young as six months.

Providing the requisite medical care for the incoming guests meant all supporting agencies pitching in to quickly establish the necessary foundation capable of caring for the incoming guests.

"Our efforts were needed to assist in getting this evolution off the ground," Rosenbusch said.

Lt. Nathan Johnson, Navy Medical Service Corps officer from Bigfork, Montana, spent over two months at Camp Atterbury immersed in various assignments as the deputy patient administration officer. From patient tracking to assist nurses with the patient flow to helping fix minor information system issues, Johnson was actively engaged in multiple medical support needs.

As a veteran of several individual augmentee deployments, Johnson readily observed how different this experience was.

"This was by far the most unique experience I have had on deployment," explained Johnson. "All of my other deployments have been in a time of war. However, this deployment felt more like a time of peace."

Johnson also echoed the sentiments of others during his time supporting Operation Allies Welcome.

"This was rewarding knowing that I was assisting someone in their journey to America. So many of the guests were extremely thankful to get through the medical screening, as they knew that it was one of their first steps toward that goal. Just knowing that I was a part of helping over 6,500 people on that journey was extremely rewarding," Johnson stated.

In a letter to NMRTC Bremerton leadership, Navy Capt. Luke Zabrocki, Joint Task Force Surgeon and officer in charge of the Afghan Reception Team for Operation Allies Welcome at Camp Atterbury, Indiana, wrote of his appreciation for the professionalism provided by those deployed.

"Your personnel did amazing work in support of a very challenging mission. It was a daunting task to set up a comprehensive medical system from scratch for an evacuee camp of this size and in such a rapid fashion. Our efforts would not have been successful without the talent and dedication of Lt. Johnson, Lt. j.g. Rosenbusch, and HM1 Jenkins," wrote Zabrocki.

Scenic surrounding settings...



An Appreciation for Every Drop at Naval Hospital Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Naval Hospital Bremerton's (NHB) Labor and Delivery recently went on divert status due to a nation-wide shortage of blood products, the local outcry brought into focus a crucial service impacted by COVID-19: Blood drives.

Despite the surge in COVID-19 cases from the delta and omicron variant(s), a hesitation from many regular donors and dwindling supplies, the Armed Services Blood Bank Center – Pacific Northwest (ASBBC-PNW) has continued to coordinate with commands to provide critical blood supplies for those in need.

ASBBC-PNW recognized NHB Jan. 24, 2022, for being instrumental in organizing, promoting and holding blood drives, especially during the time COVID shut down collection efforts during 2020 and continued to effect donation attempts during 2021.

“NHB might be small [command], but its mighty. They always show up and are one of few we could count on to collect after the pandemic forced us to shut down,” said Army Maj. Juan E. Guzman, ASBBC-PNW chief.

According to Victor L. Shermer, ASBBC-PNW blood donor recruiter and public affairs, NHB collected 297 units of blood in 11 blood drives held during 2020 and 2021.

“NHB achieved the most collections during that time,” Shermer said. “The Navy has always been a good partner and this command has been so proactive in providing donations.”

“Without the Navy’s support, led by NHB, we would not be able to provide for our troops. That’s how significant NHB’s contributions have been,” added Guzman.



Keeping those contributions flowing, NHB will be hosting another quarterly blood drive on the Quarterdeck (main lobby of the hospital) this upcoming Monday, January 31, 2022, from 9 a.m. to 2 p.m.

In order to maintain social distancing, donations will only be done on an appointment basis with limited phlebotomy chairs. An appointment can be made online: militarydonor.com, or via:

<http://www.militarydonor.com/index.cfm?group=op&step=2&opid=97575&opidh=CF491ADC7C03052CB2DF6983FAA491D3&idt=44579.8699884>

“In light of the national blood shortage we are trying to heavily promote this upcoming blood drive to try to fill up all the spots,” stated Hospitalman Margaret Strah, NHB/NMRTC Bremerton Blood Donor Recruiter and medical laboratory technician.

According to Strah, those who received a vaccine from Moderna or Pfizer are eligible to donate as long as they are symptom-free and fever-free. For those who received a AstraZeneca or J&J vaccine, a two-week wait after being vaccinated is required to be considered eligible to donate. For those not sure which vaccine they received, it is required to wait at least two weeks after being vaccinated to be considered eligible to donate. For those who have tested positive for COVID-19, they are eligible to donate two weeks after having no symptoms.

One unit (or pint) of blood can save up to three lives, and that unit can be separated into several components: red blood cells, plasma, platelets and cryoprecipitate. The red blood cells carry oxygen to the body’s organs and tissues. Plasma is a mixture of water, protein and salts, and makes up 55 percent of actual blood volume. Platelets promote blood clotting and give those with leukemia and forms of cancer the chance to live. Cryoprecipitate is collected from plasma that has been frozen, then thawed, and acts as a coagulation agent.

With a minimum of 56 days required between whole blood donations, another option besides donating quarterly at NHB is available at ASBBC-PNW on Joint Base Lewis McCord. An appointment can be made by calling 253-968-1850, with hours of operations Monday through Friday, 8:40 a.m. - 3:00 p.m.

The overall mission of the ASBBC-PNW is to operate a Tri-Service staffed regional blood donor center which collects, tests, and distributes blood and blood components in support of contingency and peacetime operations worldwide.

NHB, as well as the actual donors, are helping to make that happen.

One unit at a time.



Haze Gray Dietitian Underway

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- It's only fitting for a Navy registered dietitian to help determine if the old adage, 'a brace of sea air is good for the appetite.'

Especially when done supporting operational readiness across the Pacific and Indian oceans.

Navy Lt. Lorna Brown, registered dietitian assigned to Navy Medicine Readiness Training Command (NMRTC) Bremerton, deployed for four months with Sailors and Marines of amphibious assault ship USS Essex (LHD 2) and



the 11th Marine Expeditionary Unit

Brown volunteered her expertise for a pilot project looking at the benefits of deploying a dietitian 'haze gray underway' focusing on health-outcomes and operational readiness with collected data sent to Navy Health Research Center.

"I was looking at the efficacy of having a dietitian on board to improve the crews' exercise habits, sleep habits, and reduce consumption of supplements, specifically energy drinks. Also see if I could change food habits, choices and behaviors. Those of us in the Navy Medicine need to know what the fleet does. Our hospital mission is different than a ship command and their deployment challenges. Understanding that is important to ensure we can provide better support," said Brown.

She offered nutrition classes throughout the deployment. Sometimes an entire shop would be present. Other times it was standing room only on the deck plates. Topics included clarifying different areas of performance nutrition, heart health and supplement safety.

"It was good even if everyone learned just one thing, then shared to help make a difference. As an example, a lot

quit energy drinks or cut down significantly. They noticed that their sleep patterns started to improve. We don't realize how much caffeine is in a lot of food and drink products which can last up to six hours and affect someone's sleep," remarked Brown.

Brown considers most people inherently know what healthy choices are. At least in principle. But applying such knowledge into the normal daily routine, even on deployment, might prove difficult without specific support and guidance.

"When you're underway on a ship, you're really eating out three times a day. We can get into unhealthy choices. It's easy to get into the habit of adding cookies at both lunch and dinner. I recommend, 'you can have cookies, but it's probably not a good idea at breakfast, lunch and dinner. Every day.' We need to modify. Just have two cookies for dessert perhaps twice a week after one meal," explained Brown.

Brown also advocated the Navy's 'Go for Green' program - a Secretary of Navy directive for advancing nutrition efforts to provide healthier eating options, from ship to shore. The program uses a color coded menu – akin to a traffic light - to noticeably provide good advice for choosing what to eat.

"The color-coding system is a good visual. Green refers to high performance nourishment with less sugar and saturated fats to fuel our bodies and minds. Yellow is moderate in performance enhancing foods with less effective offerings. Red means a lot more sugars and fats and offering limited benefits. If someone is going through the line and chooses something red at breakfast, they probably don't need to do the same at lunch or for dinner," Brown noted.

The gratifying aspect for Brown was being able to just help others get the outcome they wanted.

"Those who attended classes, really applied what was shared and even asked for further explanation did improve their health. One just texted his weight is under 200 pounds for the first time in years. He started at 227 over four months ago and is now down to 195. He's happy and feels comfortable in his own skin. It's his happiness, and also his health. That's the goal. Carrying extra weight is going to take a toll on ankles, knees, joints, and especially the heart. This is not about our goal for someone's health. It's about helping someone get to their goal," Brown stated.

Brown acknowledges the norm that most who deploy will experience weight loss. Yet there's a caveat to that.

"There may not be improvements in diabetes risk, managing blood pressure or cholesterol, but weight loss, whether wanted it or not, is typical," said Brown. "Maybe only a few pounds but that's usually what happens. When we get back, we tend to gain the lost weight back, along with extra. So it is interesting to have at least one report back on having no weight gain."

"Our jobs are linked to performance and readiness," continued Brown. "Those carrying extra pounds will take a toll on their body over time. It can also take an mental and emotional toll. You see this every Navy physical readiness test season with people stressing to make weight and pass a tape measurement. They have no problem with the physical portion but the body composition assessment can be stressful."

Yet does sea air improve a person's hunger? Conventional lore implied that was – allegedly – the case in the 19th century, especially in northern climes where big city air quality was considered unhealthier than seaside communities and being embarked on a seagoing vessel.

Fast forward today. Healthy vs. harmful options are not just up in the air. They're potentially in that plate in front of you.

At ship or shore, a Navy dietitian can help make the best choice.

Bon appetite!

Health Promotion 2022 Class Schedule is offering virtual to those interested...
MOVE, Weight Management Program is a 16 week program on varying days/times
Heart Healthy Living is held on the second Monday of each Month, from 1 p.m. to 2 p.m.
Prevent Diabetes is held on the third Thursday of the month from 11 a.m. to noon.
Self-Care Skills for the Person with Diabetes is on 1st & 2nd Thursday of the month, 10:30 a.m. to 11:30 a.m.
For more information and to enroll in any class, please call (360) 475-4541

Gone, but Never Forgotten, at NMRTC Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Naval Hospital Bremerton unveiled their Hospital Corps Heroes Wall of Honor in 2015, it was a heartfelt and hallowed gesture to remember Navy hospital corpsmen lost after 9/11.

Another name was solemnly added to the engraved names on the memorial site.



Navy Medicine Readiness Training Command (NMRTC) Bremerton held a dedication ceremony in honor of Hospital Corpsman 3rd Class Maxton Soviak, killed during a suicide bombing August 26, 2021, at the Abbey Gates of Hamid Karzai International Airport, Kabul, Afghanistan.

“At his last duty station, Soviak was assigned to 1st Marine Regiment, 1st Marine Division. He deployed to Afghanistan. He was killed during his mission to help civilians evacuate. He was posthumously awarded the Purple Heart and Fleet Marine Force corpsman warfare badge,” said Chief Hospital Corpsman Elizabeth Barraza, command Chief Petty Officer Association coordinator of the event.

Soviak was among 13 U.S. service members killed that day with another 18 injured in the blast.

The ceremony included a flag presentation by NMRTC Bremerton Color Guard detail – Hospital Corpsman 1st Class Curtis Lee Boney and HM3 Joshua C. Herbert - to honor the memory of the fallen corpsman, a wreath laying by the command’s Hospital Corps Ball committee – HM1 Paul Delacruz and HM1 Matthew Hanley – along with sentiments shared from NMRTC Bremerton leadership.

“We didn’t know him, but he was one of ours. He was just 22 years old, from the small town of about 600 [residents], Berlin Heights, Ohio. We felt strongly that we needed to keep his memory and legacy alive. We share and grieve at his loss,” remarked Capt. Patrick Fitzpatrick, NMRTC Bremerton commanding officer, noting that there are 57 names engraved on Hospital Corps Heroes Wall of Honor, with all sharing two distinctive traits. One is that they are all United States Navy Hospital Corpsmen.

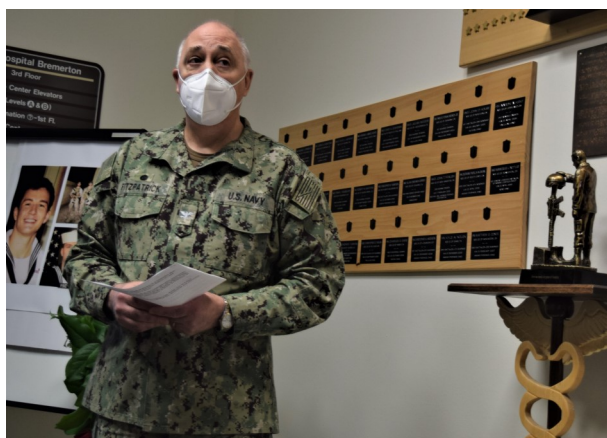


The other is that they have all been lost while serving their country during time of war.

“From the battlefields of Iraq to the firefights in Afghanistan, while supporting Operating Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn, these 57 names show those who sacrificed their lives so others may live. Gone, but never forgotten,” Fitzpatrick said.

“The names posted on this wall were Sailors we grew up with, were stationed with and were deployed with. We may not have had the opportunity to personally know HM3 Soviak, but we know that he had the same impact that these other corpsmen had who came before him,” added Barraza.

The Hospital Corps Heroes Wall of Honor was a project initiated in 2013 by two former command staff members, HM1 Derrick Ward and Hospital Corpsman 2nd Class Mike Nakamura.



Barraza did the necessary legwork to track them down and explain there was the unfortunate need to add another name of the fallen to the memorial.

“We talked for a good amount of time. Their passion for the project was still present. They wanted to ensure that the integrity and intention of the memorial remained the same, to honor fallen corpsmen. This memorial wall means a lot, not just to hospital corpsmen stationed here, but all staff,” explained Barraza.

Senior Chief Hospital Corpsman Randall Zenonian, acting command master chief, took a moment to extend sympathies and reflect to those gathered on the somber nature of

the ceremony.

“Our Hospital Corps Heroes' Wall of Honor is a reminder that we stand on the shoulders of those who came before us, and especially those who did not return home,” Zenonian said. “I encourage everyone to visit all of our remembrance memorials, all located on the main hospital third floor. We also honor those hospital corpsmen who have received the Medal of Honor, The Navy Cross, as well as those whose status is listed as Prisoner of War or Missing in Action. Gone, but never forgotten.”



The ceremony concluded with a moment of silence to honor Soviak and the other 12 lost on that fateful day.

Gone but never forgotten.

